

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 21, 2005

Saundra D. Hunter

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: November 21, 2005

Schade, Peter Arthur

Confirmation No.: 8045

Serial No.: 10/810,113

Group Art Unit: 2182

Filed: 03/25/2004

Examiner: Sorrell, Eron J.

For: Dual Port USB Interface

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

<u>AMENDMENT</u>

Sir:

In response to the Office Action dated September 27, 2005, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

TRANSMITTAL FORM NOV 2.3 1005 Confirmation No. 8045					Attorney Docket No.		
Pre the application of: Schade		Confirmation I	No: 8045				
Serial No: 10/810,113		Group Art Unit: 2182					
Filed: March 25, 2004		Examiner: Sorrell, Eron J.					
For: Dual Port USB Interface							
	ENG	CLOSURES (check all	that apply)				
Amendment/Reply		Assignment and Recordation Cover Sheet			After Allowance Communication to Group		
After Final		Part B-Issue Fee Transmittal			Notice of Appeal		
Information disclosure statement		Letter to Draftsman			Appeal Brief		
Form 1449		Drawings			Status Letter		
(X) Copies of Refere	nces	Petition			Postcard		
Extension of Time Request *		Fee Address Indication Form			Other Enclosure(s) (please identify below):		
Express Abandonment		Terminal Disclaimer					
Certified Copy of Priority Doc		Power of Attorney and Revocation of Prior Powers					
Response to Incomplete Appln		Change of Correspondence Address					
Response to Missing Parts		*Extension of Term: Pursuant to 37 CFR 1.13 Commissioner to extend the time for respon					
Executed Declaration Inventor(s)	hv I -	rom to .	the time for	respoi	nse ioi xxxxxx mon	iii(s),	
<u> </u>							
FOR Claims	Remaining	CLAIMS Highest # of Claims	Extra Cla	me	RATE	FEE	
After Amendme		Previously Paid For	Extra Olamis				
Total Claims	14	14	0		\$ 50.00	\$ 0.00	
ndependent Claims	3	3	0		\$200.00	\$ 0.00	
		METHOD OF PAYM	ENT		Total Fees	\$ 0.00	
Check no in the amo	ount of \$			fees.			
Charge \$ to Depos	t Account N	lo (Account Ho	older Name)	for pa	yment of fees.		
Charge any additional fees	or credit any	y overpayment to Deposit	t Account No	. <u>02-2</u>	120 (Sawyer Law G	roup)	
	ONA 21 15 -	OF ADDUCANT ASSE	DUEY OF	10=	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
S	GNATURE	OF APPLICANT, ATTO	JKNEY, OR	AGE	<u> </u>		
Attorney Name Joseph A. Sa		Reg. No. 30,801					

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name

Joseph A. Sawyer, Jr., Reg. No. 30,801

Signature

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Type or printed name

Saundra D. Hunter

Signature